

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-006574

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED FEB 28 1962

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ARKANSAS b. COUNTY FULTON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY, MISSOURI		Length of stay in 1b 69 Days		c. CITY OR TOWN MAMMOUTH SPRINGS, ARK.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL KC, MO.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) MAMMOUTH SPRINGS, ARK	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First JOHN Middle F. Last KOENIG			4. DATE OF DEATH Month FEB Day 11, Year 1962		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/25/37	9. AGE (last birthday) 25	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY RETIRED MILITARY		11. BIRTHPLACE (City and state or country) MAMMOTH SPRINGS, ARK.	
12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME OTTO KOENIG		13b. MOTHER'S MAIDEN NAME ALLIE SCHREMMER		14. NAME OF HUSBAND OR WIFE NEVER MARRIED.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES 6/23/60 to 8/25/61		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address VA HOSPITAL RECORDS	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEMORRHAGIC PNEUMONIA RT. DUE TO (b) ACUTE MYELOGENOUS LEUKEMIA DUE TO (c) [REDACTED] Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. VA attended the deceased from 8/26/61 to 2/11/62 and last saw him alive on 2/11/62 Death occurred at 12:10 PM 2/11/62 on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE S. H. CHOY, M.D.		22b. ADDRESS VA HOSPITAL, K.C., MO.		22c. DATE SIGNED 2-11-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2-11-62		23c. NAME OF CEMETERY OR CREMATORY Mammouth Springs, Ark	
23d. LOCATION (City, town, or county) (State)		23e. DATE RECD. BY LOCAL REG.		23f. REGISTRAR'S SIGNATURE Ruth Long	
24. FUNERAL DIRECTOR Bryson Mortuary, Mammouth Springs, Ark (Licensed Embalmer's Statement on Reverse Side)					

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

2901 I 1001 SA

MAR 22 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John R. Sidmon
Licensed Embalmer No. 4531
P. O. Address Kansas City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.